FRESHPOINT DALLAS, INC. ATTENDANCE POLICY

1.0 PURPOSE

A. Daily attendance of each Associate is essential to the successful operation of FreshPoint Dallas, Inc. Associates who are not present for scheduled work cause unnecessary hardships for their co-workers and create costly rescheduling to meet our customer demands. Every Associate is responsible for reporting promptly and being fully prepared for all scheduled work.

B. The Company recognizes that some Associates are unable to report for all of their scheduled hours. This policy is to provide guidelines to ensure that all Associates are treated fairly and consistently regarding attendance. It is recognized that exceptional circumstances may arise. The Company reserves the right to make exceptions to this policy based on the circumstances of an individual case. Any exception, due to individual circumstances will be made by the Operating Company Human Resources Business Partner.

2.0 DEFINITIONS

A. **Proper Notification** – Associate directly notifying, via telephone call, the Immediate Supervisor of any absence or tardy at least 60 minutes prior to the Associate's scheduled starting time. **Text messages, voicemails and emails are not acceptable**. Proper notification is to be given for each individual day of absence or tardy. Emergencies that would prevent proper notification may be reviewed on a case-by-case basis by the Operating Company Human Resources Business Partner; and,

   1. A bona-fide reason must be stated. Inappropriate reasons, or reasons which would have allowed the Associate to give advance notice, will not be accepted. *The company reserves the right to request documentation to validate an Associate's reason for an occurrence or pre-arranged absence.*

B. **Prearranged Absence** - an absence that is prearranged and approved at least one week before the start of the absence in advance with the Associate's Supervisor. The Time Off Request form must be used.

C. A Full Shift is equal to one (1) day.

3.0 RESPONSIBILITY

A. The Supervisor and Human Resources will collaborate to ensure absences, tardiness, quit-earlies or any other shift interruption are coded in a fair and consistent manner and entered into the attendance tracking system.

Effective 07/01/15
En vigor 07/01/15

B. It is the responsibility of the Supervisor to complete the Attendance Notification form and communicate to the Associate their occurrences' assessment.

4.0 GUIDELINES

A. Associates must give Proper Notification (as defined above) of any absence or tardy. Associates who fail to give proper notification will be issued a Written Warning in addition to the appropriate occurrence being assessed.

B. Excused Absence - The following reasons for time away from scheduled work will be excused:
   a. Authorized Leave of Absence (e. g. military, medical, personal)
   b. Release from scheduled work due to lack of work
   c. Work-related injury or illness supported by a notice from the health care provider (HCP)
   d. Prearranged Holiday, Jury Duty, Bereavement, Vacation, Personal Days
   e. Disciplinary/Administrative suspensions
   f. Absences covered by the Family and Medical Leave Act (FMLA)* (*Occurrences may be assessed once an Associate has exhausted 480 hours of FMLA excused time or after HCP has released Associate to full duty before exhaustion of the 480 hours*)
   g. Prearranged absences

C. Absences that were not prearranged but could have been will not be excused.

D. Associates must report to their work station at their scheduled start time to avoid being assessed with a tardy.

E. **Attendance Occurrences** - Various types of absences will accumulate "Attendance Occurrences". Occurrences will remain on an Associate's attendance record for a period of 12 months from the date the Associate missed scheduled work. Attendance Occurrences will be assigned as follows:

a. Absent full shift	One (1) occurrence
b. Late three (3) hours or more	One (1) occurrence
c. Late less than three (3) hours	Half (½) occurrence
d. Quit- early three (3) hours or more	One (1) occurrence
e. Quit-early less than three (3)hours	Half (½) occurrence
f. Shift interruption three (3) hours or more	One (1) occurrence
g. Shift interruption less than three (3) hours	Half (½) occurrence
h. Prearranged absence of any type	Zero (0) occurrence

Note: (Consecutive work days missed for Associate illness or injury will count as one and a half [1.5] occurrences provided proper notification is given for each day's absence. A notice from a Health Care Provider (HCP) will be required for absences of three (3) or more consecutive work days. The notice from the HCP must be dated no later than the third work day missed. If a notice from a HCP is not provided or not dated as described above, each work day missed will be counted as an individual occurrence. The notice from the HCP must be submitted to Human Resources immediately upon return to work. Proper notification of absence will be required until a notice from a HCP is given to the Company, at which time the Associate need not give proper notification or need to call in for the period of illness stated on the notice from the HCP or until the next scheduled appointment with the HCP as stated on the notice.)

F. **Attendance Counseling** - When an Associate's Attendance occurrences accumulate as follows, the Company will notify/counsel with the Associate regarding their attendance record using the Attendance Notification form:

Five (5) occurrences but less than six (6)*	Verbal Attendance Notification
Six (6) occurrences but less than nine (9)*	Written Attendance Notification
Nine (9) occurrences but less than 11*	Final Attendance Notification
11 occurrences or more*	Termination of Employment

**in a rolling 12-month period*

G. **Introductory or Part Time** - Attendance for Associates who are part time or are in their Introductory Period will be allowed a maximum of 2.5 (two and a half) occurrences in a 90-day period. Associates in these categories exceeding 2.5 occurrences in a 90-day period will be discharged.

H. **Falsification Of Reasons for Absence** - Any falsification, verbal or written will be considered Gross Misconduct and the Associate will be discharged.

I. Only the Human Resources Business Partner has authority to approve terminating an Associate for attendance.

J. Approval of prearranged absences is based upon the business needs of the Company.

K. Prearranged absences may consist of a full shift or a partial shift and are for bona fide personal business. The company reserves the right to request documentation when appropriate for any prearranged absence request.

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L. Associates who fail to report to work and fail to give notification of their absence (**No Call – No Show**) will be issued a Written Warning for each instance. Associates who accumulate three (3) No Call - No Shows within in a rolling 12-month period will be discharged. Associates who accumulate three (3) No Call – No Shows within three (3) consecutive work days will be considered to have voluntarily resigned their employment with the Company. *Each instance of No Call – No Show will constitute an occurrence of absence.*

M. Associates who have established a pattern (e.g. consistently having five (5) or more occurrences in a 12 month period, missing work on Monday or Friday; this is not an all-inclusive list) of absenteeism/tardiness will be subject to disciplinary action based on the pattern(s).

N. Mandatory meetings for the purpose of this policy will be considered part of an Associate's scheduled shift. Failure to attend or tardiness to a mandatory meeting will be handled as an occurrence per this policy.

O. For the purpose of this policy, Associates returning tardy from a break or lunch period will be assessed an occurrence as described above.

P. The Attendance Policy is available upon request to all associates.

Q. If an Associate thinks he/she is being treated unfairly or inconsistently in regards to this policy, the Associate is to notify the Operating Company Human Resources Business Partner immediately.

R. Management reserves the right to make any modifications to this policy at any time without prior notice.

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Policy Receipt Acknowledgement for the FreshPoint Dallas, Inc. Attendance Policy

In effect: July 1, 2015 until further notice

I have read and been informed about the content, requirements, and expectations of the FreshPoint Dallas, Inc. Attendance Policy for associates of FreshPoint Dallas, Inc.

I have received a copy of the policy and agree to abide by the policy guidelines as a condition of my employment and my continued employment with FreshPoint Dallas, Inc.

I understand that if I have questions, at any time, regarding the FreshPoint Dallas, Inc. Attendance Policy, I will consult with my immediate supervisor or my Human Resources Department.

Associate Signature: _____ Supervisor Signature: _____

Associate Printed Name: _____ Supervisor Printed Name: _____

Date: _____ Date: _____

Acuse de Recibo de la Política de Asistencia de FreshPoint Dallas, Inc.

En vigor: 01 de julio de 2015 hasta nuevo aviso

He leído y se me ha informado sobre el contenido, requisitos y expectativas de la Política de Asistencia de FreshPoint Dallas, Inc. para los asociados de FreshPoint Dallas, Inc.

He recibido una copia de la política y estoy de acuerdo en cumplir con las directrices de la política como condición de mi empleo y la continuación de mi empleo con FreshPoint Dallas, Inc.

Entiendo que si tengo dudas, en cualquier momento, con respecto a la política de asistencia FreshPoint Dallas, Inc., voy a consultar con mi supervisor inmediato o mi Departamento de Recursos Humanos.

Firma de Asociado: _____ Firma de Supervisor: _____

Nombre de Asociado: _____ Nombre de Supervisor _____

Fecha: _____ Fecha: _____